

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
333 Willoughby Avenue, 9th Floor
P.O. Box 110805, Juneau, Alaska 99811-0805
(907) 465-2515 – FAX (907) 465-2816

TO REINSTATE A LICENSE, THE FOLLOWING IS REQUIRED:

- THE RENEWAL FORM AND FEE WITH ALL NECESSARY REQUIREMENTS; SEE RENEWAL; AND
- THE DELAYED RENEWAL FEE: Established in Alaska Regulation 3 AAC 31.060(a)(8). A lapsed license may be reinstated by continuing to qualify for the license and by payment of renewal license fees and a delayed renewal penalty, AS 21.27.380(b). The delayed renewal fees are:
 - a. 1 to 60 days after the license lapses, \$100; or
 - b. over 61 days after the license lapses, \$200 (3 AAC 31.060(a)(8)).
- NOTARIZED STATEMENT which indicates that Alaska insurance business has not been adjusted from the date of the license lapse to the present date; if business has been adjusted, you must complete all information requested below:

Attestation of Alaska Insurance Transactions

Please do not include adjustment of self-insured claims.

☐ I certify, under penalty of perjury, that from _____ to _____, I have not engaged in the adjusting activities relative _____
(Date of License Expiration) (Present Date)

to an Alaska risk under the authority granted me by Alaska License Number _____. It is understood that adjusting activities cannot be engaged in until such time as the license has been reinstated.

☐ I certify, under penalty of perjury, that the following is a complete and accurate list of all Alaska adjusting activities that took place after _____ and prior to the reinstatement of my/firm's lapsed Alaska License
(Date of License Expiration)

Number _____. If necessary, attach a separate page. **Any attachment must be notarized. If information is provided on a spreadsheet, be certain to total the amount of remuneration.**

No.	Date of Adjustment	Policy No.	Alaska Insured Name and Address	Insurer Name and Address	Compensation, or any form of Remuneration
1.					
2.					
3.					
Total:					

Dated at _____, this _____ day of _____, _____.

Signature of Licensee/Compliance Officer

Typed or Printed Name

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____
City/Town State

Notary Signature: _____

My Commission Expires: _____

(NOTARY SEAL)

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NEVER HELD AN ALASKA LICENSE

Please do not include adjustment of self-insured claims.

☐ I certify, under penalty of perjury, that I have not engaged in adjusting activities relative to a Alaska risk. It is understood that adjusting activities cannot be engaged in until such times as I am licensed.

☐ I certify, under penalty of perjury, that the following is a complete and accurate list of Alaska adjusting activities that took place prior to the issuance of an Alaska insurance license. If necessary, attach a separate page. **Any attachment must be notarized. If information is provided on a spreadsheet, be certain to total the amount of remuneration.**

No.	Date of Adjustment	Policy No.	Alaska Insured Name and Address	Insurer Name and Address	Compensation, or any form of Remuneration
1.					
2.					
3.					
Total:					

Dated at _____, this _____ day of _____, _____.

Signature of Licensee/Compliance Officer

Typed or Printed Name

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____
City/Town State

Notary Signature: _____ My Commission Expires: _____ (NOTARY SEAL)